

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
DIVISION OF FINANCIAL INSTITUTIONS
POST OFFICE BOX 2054
HONOLULU, HAWAII 96805

APPLICATION FOR RENEWAL OF ESCROW DEPOSITORY LICENSE

JULY 1, ____, TO JUNE 30, ____

Please Read Carefully Before Completing Application

Please type or print. All questions must be answered and statements attached. An incomplete application will be returned to licensee and renewal of license deferred until all items have been completed or received. Any material misstatement is grounds for refusal or subsequent revocation of license. A check for the license fee (\$100.00) and branch office license fee (\$50.00 per branch) made payable to the Department of Commerce and Consumer Affairs must accompany the application. A \$25 service charge will be assessed for each dishonored check received.

NAME OF APPLICANT: _____ LICENSE NO. _____

BUSINESS ADDRESS: _____ TEL. NO. _____

- _____
- (1) Name of escrow officer for the corporation: _____
 - (2) Date of appointment of escrow officer by board of directors: _____
 - (3) List locations at which escrow depository conducts business using the attached List of Offices form.
 - (4) List each litigation and attach a detailed explanation of each litigation involving the company during the past 12 months, or impending litigation concerning Chapter 449, Hawaii Revised Statutes. ***If none, write "NONE."***
 - (5) Attach signed continuation certificate for each bond or insurance coverage from surety, showing bond or insurance policy number, type of bond or insurance coverage, amount (***indicate any deductible amount; if no deductible amount, state "NONE"***), and period of coverage for the required bonds and insurance. ***Period of coverage should at least run concurrently with license period.***
 - (a) CAPITAL BOND, if required, of at least \$50,000, no deductible amount and 60 days' prior written notice of cancellation to the Commissioner of Financial Institutions. (Section 449-5.5, Hawaii Revised Statutes.)
 - (b) ESCROW DEPOSITORY BOND of at least \$100,000, no deductible amount and 60 days' prior written notice of cancellation to the Commissioner of Financial Institutions. (Section 449-9, Hawaii Revised Statutes.)
 - (c) FIDELITY BOND of at least \$25,000, deductible amount in excess of \$5,000 per occurrence, to be approved by the Commissioner and 60 days' prior written notice of cancellation to the Commissioner of Financial Institutions for each officer and employee who have access to money or negotiable securities and instruments in control or possession of licensee. (Section 449-11, Hawaii Revised Statutes.)
 - (d) ERRORS AND OMISSIONS of at least \$100,000, deductible amount in excess of \$10,000 per occurrence, to be approved by the Commissioner and 30 days' prior written notice of cancellation to the Commissioner of Financial Institutions. (Section 449-12, Hawaii Revised Statutes.)

- (6) Attach list of all shareholders who directly or indirectly, solely or through another person or transaction, or in concert with another, owns or has the power to vote 25% or more of any class of voting stock, and indicate percentage of ownership.

I CERTIFY THAT THE INFORMATION SHOWN IS TRUE
AND CORRECT TO THE BEST OF MY KNOWLEDGE
AND BELIEF.

NAME _____
Type or print legibly

TITLE _____
Type or print legibly

SIGNATURE _____

DATE _____

This application can be made available for individuals with special needs in Braille, large print, or audio tape. Please submit your request to the Commissioner of Financial Institutions at (808) 586-2820.

Company_____**List of Offices**

Please list the locations of branch offices at which your escrow depository company conducts business. Give the date that each branch commenced business. Under "Office", please give the name or number your Company uses to identify each individual office.

Office	License Number	Date Opened	Address	City	Zip code
Principal					